

M. GALE LEMMON #4363  
Assistant Attorney General  
MARK L. SHURTLEFF #4666  
Attorney General  
Attorneys for Utah Insurance Department  
State Office Building, Room 3110  
Salt Lake City, UT 84114  
Telephone (801) 538-3872

## BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

**COMPLAINANT:**

UTAH STATE INSURANCE DEPARTMENT

**RESPONDENT:**

TREVOR D. LOSSE  
560 225<sup>th</sup> Lane NE, B-203  
Sammamish, WA 98074  
License No. 246604

**DEFAULT AND  
DEFAULT ORDER**

**Docket No.** 2008-167-LC

Enf. Case No. 2342


---

**DEFAULT**

The date and time set for the hearing on the Order To Show Cause in this matter having come, and the Complainant having appeared by and through its counsel, M. Gale Lemmon, Assistant Attorney General, and the Respondent having failed to appear either in person or through counsel and having not contacted the department regarding appearance at this hearing, therefore, pursuant to Utah Code Annotated Section 63G-4-209, the Default of the Respondent is hereby entered.

DATED this 26 day of February, 2009.

D. KENT MICHIE  
INSURANCE COMMISSIONER

  
MARK E. KLEINFELD, Esq.

### **DEFAULT ORDER**

The Default of the Respondent having previously been entered, the presiding officer hereby adopts the allegations in the Order To Show Cause as his Findings of Fact and Conclusions of Law, and enters the following Order:

IT IS HEREBY ORDERED:

1. The insurance license of the Respondent, Trevor D. Losse, is hereby revoked forthwith.
2. Respondent shall immediately cease doing any insurance business in the State of Utah.


### **NOTIFICATION**

Respondent is hereby notified that failure to abide by the terms of this Order may subject you to further penalties, including additional forfeitures of up to \$5,000.00 per violation and the filing of an action to enforce this Order in the District Court which may impose penalties of up to \$10,000.00 per day for continued violation.

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

DATED this 26 day of February, 2009.

D. KENT MICHIE  
INSURANCE COMMISSIONER

  
MARK E. KLEINFELD, Esq.  
Presiding Officer  
Utah Department of Insurance  
State Office Building, Room 3110  
Salt Lake City, Utah 84114  
Telephone (801) 538-3800

## CERTIFICATE OF MAILING

I do hereby certify that on this date I mailed, by regular mail, postage prepaid, a true and correct copy of the attached:

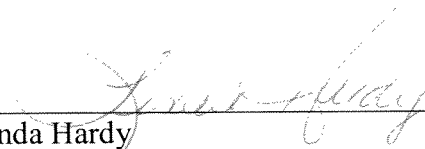
DEFAULT &  
DEFAULT ORDER

LICENSE REVOKED

To the following:

Trevor D. Losse  
560 225<sup>th</sup> Lane NE, B203  
Sammamish, WA 98074

DATED this 26<sup>th</sup> day of February, 2009.

  
\_\_\_\_\_  
Linda Hardy Court Clerk  
Utah Department of Insurance  
State Office Building, Room 3110  
Salt Lake City, UT 84114-6901